PTO/SB/17 (10-03)
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FEE TRANSMITTAL					Complete if Known								
╽╏┣	-	Application Number 10/815,303											
	ľ	Filing Date			March	March 31, 2004							
Effective 10	on.	First Named Inventor			Shotes	Shotey, et al							
Applicant claims small entity status. See 37 CFR 1.:				Examiner Name Pa				Patel					
				Art Unit									
TOTAL AMOUNT OF PAYMENT (\$) \$165			5.00	Attorney Docket No.				SHOT-10263					
METHOD OF DAVMENT (short all that contain				EEE CALCUM ATION (40-6									
METHOD OF PAYMENT (check all that apply) Check Credit card Money Other None				FEE CALCULATION (continued) 3. ADDITIONAL FEES									
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Account Name Schmeiser Olsen & Watts, LLP			1053	130	1053	130	Non -	English s					
The Director is authorized to: (check all that apply)			1812	2,520	1812	2,520	For fit	ling a requ	est for ex pa	rte reaxam	ination		
Charge fee(a) indicated below Credit any overpayments			1804	920°	1804	920*	Requ	esting publication of SIR prior to Examiner					
Charge any additional fee(s) or any underpayment of fee(s)				1,840*	1805	1,840°		esting pub	lication of S	IR after Exa	miner		
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.			1251	110	2251	55			ply within fin	st month			
FEE CALCULATION			1252	430	2252	215	Exten	ision for re	ply within se	cond mont	h		
1. BASIC FILING FEE			1253	980	2253	490	Exten	ision for re	ply within thi	ird month			
Large Entity	Small Entity		1254	1,530	2254	765	Exter	nsion for re	ply within fo	urth month			
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, , ,	2001 395 Utility filing fee		1401	340	2401	170		e of Appea					
1002 350	2002 175 Design filing fee		1402	340	2402	170			support of ar	appeal			
1003 550	2003 275 Plant filing fee		1403	300	2403	150		est for oral	-				
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SUBTOTAL (1) (\$)				1.370	2453	685		on to revive - unintentional issue fee (or reissue)					
2. EXTRA CLAIM FEES FOR UTILITY AND			1501	1,370 490	2501 2502	685 245	•	in issue lee In issue fe	•				
Fee from Extra Claims below Fee Paid			1502	660	2502	330		issue fee					
Total Claims			1460	130	1460	130		ons to the Commissioner					
Independent Claims	3^4 =	= 0.00	1807	50	1807	50			under 37 CF		n)		
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Large Entity Small Entity Fee Fee Fee Fee Fee Description			8021	40	8021	40	State						
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1201 88 2	2201 44 Independent clai	ms in excess of 3					(37 Č	FR § 1.129(a)) ach additional Invention to be examined					
1203 300	• •	ent claim, if not paid	. 1810	790	2810	395		FR § 1.12		ii to be exa	mined		
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,-	and over origin	nal patent	Oth	er fee (specify)	pecify) (3) Terminal					_	165,00	
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**or number pre	eviously paid, if greater, For R	duced by Basic Filing Fee Paid					SUBTOTAL (3) (\$) \$165.00						
SUBMITTED BY Complete (if applicable)													
Name (Print/Type) Kenneth C. Booth			Registra Attorney	ation No //Agent)).	42,342		Telephone	(480) 655-0073		0073		
Signature Kennett Co		Ra			-	1		Date	Nov	ember 9, 2	1004		

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